

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	4C		7-2-01
O.I.P.E. CLASSIFIER		10	7-19-01
FORMALITY REVIEW	H.T.	1117	8/15/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	4/2/01
2			5/10/01
3			5/10/01
4		✓	
5			
6			5/10/01
7		✓	
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11			
12			5/10/01
13		✓	
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18			5/10/01
19	✓	✓	✓
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If more than 150 claims or 10 actions  
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